

FALLING STANDARD OF MEDICAL EDUCATION

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ABSTRACT

In Pakistan, medical education at national level is facing multidimensional problems, best represented where the public is calling for more and better physicians, young doctors seeking better facilities & educational opportunities, older graduates and specialists wanting comprehensive continuing medical education CME services, both students and teachers in medical colleges unhappy with present conditions and regulatory frameworks. This is not the tale of one day, it has a long tradition of avoiding this sector for several years by several successive governments and stakeholders (PMA, PMDC, CPSP, etc). Pakistan like many Asian countries is investing in medical education to resolve enhanced societal needs and to fulfil the demand of national and foreign accrediting bodies. Establishing medical education units is part of this investment. Discussed here are some of the causes and their solutions. Lack of political will of States, lack of proper hierarchy to regulate Medical Education, lethargy of teaching institutions for Medical Instructors, lacunas in examining bodies and evaluation method, easy going and shortcut finding behaviour of medical students and their learning from substandard medical books are some of the causes.

KEYWORDS: Medical education, Medical Education Commission (MEC), examination system.

There is a growing movement towards quality assurance and accreditation of medical schools worldwide.^[1] Globally, Countries use accreditation and standards as regulatory frameworks for ensuring the quality of medical education, and in turn health care. Liaison Committee for Medical Education and Accreditation Committee for Canadian Medical Schools have developed criteria and accredit medical schools in the United States and Canada.^[2] Ireland, Australia and several other countries have adopted World Medical Education Federation (WFME) accreditation standards.^[3]

The society finds physicians and health care professionals to be extremely respectable representatives of society. It is not a small job to cope with the lives of patients! However this respect has a price tag. With esteem comes responsibility. The medical profession is very delicate and one mistake will trigger tragedy, no matter how slight or insignificant. To prevent severe consequences, it is important that medical graduates have the required expertise, experience and capacity to meet the difficulties of real life. The processes by which our students are turned into medical graduates from raw applicants must be updated. Health education clearly has to be continually revised to satisfy our socioeconomic needs and medical practice criteria.

Multiple governmental and non-governmental organizations accredit medical schools utilizing a set of

guidelines regarding existing professional qualifications, parameters and data collection tools, often formed by agreement among shared stakeholders.

The US^[4] Medical Education Committee and the UK⁵ Medical Council established guidelines.

Accrediting medical colleges, etc. Few requirements may be general, appealing, whereas few others may be unique to the country's educational background. Pakistan Medical & Dental Council (PMDC) is the supreme authority to accredit, control and maintain quality medical education in Pakistan. PM&DC's accreditation process for medical and dental colleges stresses the existence of facilities and 'head counting' and provides no attention to the efficiency of instructional procedures and results. PMDC aims to enforce the recently established criteria into a reformed accreditation mechanism to get 'Global Medical Education Federation' (WFME) approval.

Unfortunately, the quality of medical education in Pakistan is declining, and a recent study from the U.S. Graduate Medical Education Accreditation Council (ACGME) has expressed concern regarding the dropping levels of medical education in our region. Declining medical education in Pakistan is not one day's tale, several successive regimes have a long tradition of

ignoring this sector for years. Let's explore some of the explanations for this burning problem.

Lack of career guidance: Next, colleges and higher education organizations can use various forums to offer advice to high school leavers and their families about opportunities for more education rather than medication. Summer schools should provide students with some knowledge in various higher education areas that can aid in decision-making. First of all, schools and higher education organizations can use different platforms to provide advice to high school leavers and their families about opportunities for future education other than medication. Summer schools could provide students with some knowledge of various higher education fields that may assist in decision-making.

Lack of political will of governments

Health has never been a priority of any past government. Unfortunately, there is lack of political will of all governments to improve medical education in the country. No national policy is ever formulated for medical education. Medical education is lumped with general education and no separate budget is allocated for it. A national level body, i.e., Medical Education Commission (MEC), is required for medical education, just like Higher Education Commission.

Proper hierarchy should be developed to control medical education

Pakistan Medical and Dental Council (PMDC) was responsible for both the undergraduate and postgraduate medical education. PMDC's role may be restricted to registration of health care providers (allopathic, homeopathic and hakims) and registration of healthcare delivery institutions and related matters only. Educational matters such as curriculum development and course designs and medical research should be deputed to the Medical Education Commission. Medical Education Commission should register medical teachers (both pre-clinical and clinical) and teaching institutions (medical colleges, and medical universities). Only those doctors having some Medical Education teaching degree should be allowed to teach in medical colleges and medical universities.

Lack of Medical Education Department and Teacher Training

Often, insufficient numbers of qualified medical teachers restrict the standard of education. Most teachers working are untrained, and very few private-sector medical colleges have proper medical education divisions providing teacher preparation. Even those institutes that claim to have developed medical education departments have rudimentary teacher preparation that fails to help teachers move relevant knowledge in an organized manner. Many medical instructors cannot connect easily. Some teachers respond inflexibly to evolving learning needs. For most teachers, there is no encouragement since the scheme does not offer rewards for high results

in terms of promotion prospects and change of working conditions, and sufficient pay rises. Also, teacher efficiency may be increased by organizing refresher courses/workshops in modern teaching methodologies. All these problems need adequate and urgent intervention by rendering medical education "A MUST" in each medical institute.

Medical students and medical books

In the start of a medical course, the student is required to attain a high level of knowledge of basic medical sciences which are the scientific basis of clinical practice. In Pakistan, there is a problem of substandard and spurious⁴ medical books available in the market. They are popular among students, because these books are actually exploiting the loopholes present in our examination system. They are helping students to memorize facts through rotting; a memorization skill well known to our students. No doubt passing the examination is an immediate goal of students but this should not dominate the long-term goal of becoming a good doctor. Conceptual knowledge and integrating concepts are essential for medical doctors as they have to analyse facts to diagnose and to use their knowledge to solve problems of their patients.

Supervision and monitoring

Lack of proper monitoring has led to major breakdowns in quality of doctors which our medical colleges (both in private and public sectors) are producing. Regular unbiased inspection of regulatory authorities as well as transparency, accountability and tracking mechanisms can certainly have positive impact on quality of health care system.

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